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TITLE: Progress in HIV Prevention Intervention Research Studies, 1988-1997

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BACKGROUND: Increasingly it is difficult to access, integrate, and stay current with the HIV intervention research literature. Studies are published in more than 50 journals, as well as books, conference proceedings and other sources. CDC initiated the Prevention Research Synthesis (PRS) project to create a centralized, cumulative database of HIV intervention studies that will meet the information needs of researchers, policy makers, and prevention science providers.

METHODS: Automated and manual searches were used to locate the intervention studies. Trained coders classified studies following pre-established criteria for *relevance* (e.g., study had at least one behavioral or biological outcome) and *methodological rigor* (e.g., study used control or comparison group). In addition to identifying presence/absence of 31 PRS relevant behavioral and biological outcomes for each study, coders also identified presence/absence of 21 outcomes in the psychosocial category.

RESULTS: We identified 212 studies, including 120 that met all criteria, called Primary Studies (PS) and 92 that met criteria for relevance but not methodological rigor, called Other Relevant (OR). Significantly more of the studies met the criteria for methodological over time, $(1,200)=10.99, p=.001$. Most studies examined behavioral outcomes (198, 93%) whereas fewer examined biological outcomes (not mutually exclusive) (60, 28%). Types of outcomes examined differed significantly by study classification (PS or OR), $\chi^2 (6df) = 19.635, p=.003$. PS were half as likely as OR to examine behavioral and biological outcomes (11% vs. 22%, respectively); PS were twice as likely as OR to examine behavioral and psychosocial outcomes (41% vs. 22%, respectively); PS were one quarter as likely as OR to examine behavioral, biological, and psychosocial outcomes (4% v. 16%, respectively). PS and OR were equally as likely to examine behavioral only (37% and 35%), biological only (3% and 2%) and psychosocial only (3% and 3%) outcomes.

CONCLUSIONS: Use of rigorous research designs has increased over time allowing us to have a larger evidence base for identifying effective interventions. Future studies need to maintain this standard of methodological rigor. Methodologically rigorous studies need to increase emphasis on biological measures in addition to behavioral and psychosocial outcomes.

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